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MEMORANDUM

TO: Legislative Oversight Committee Members
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations

Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Dr. Craig L. Gray
Leza Wainwright 

SUBJECT: Implementation Update #57
Peer Support Specialist Curriculum Standards
CAP MR/DD Update
New Email & Mail Address for NEA Withdrawals
CST: Increasing Request Volume

Fax Confirmation Update
Updated Outpatient Prior Authorization Form
MMIS Diagnosis Code Update

Peer Support Specialists Curriculum Approval Process and Standards

In 2007, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) with the assistance of staff from the UNC-CH Behavioral Healthcare Resource Program (BHRP) brought together a panel of practitioners, trainers, and staff to work with Castle Worldwide, a certification and licensure testing company, to identify the domains, tasks, knowledge, and skills essential to the performance of a competent Peer Support Specialist. From this panel's work, a training curriculum guideline was developed consisting of four domains and their accompanying standards. This guideline was implemented in January 2008. The Curriculum Review Committee, again with the assistance of Castle Worldwide, met to review curriculum standards. Feedback from providers allowed for the development of guidelines that ensure clarity, specificity and the ability to operationalize the standards.

The 2009 Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines will go into effect July 1, 2009. The evaluation procedure is as follows:

Currently Certified Curriculum

Developers of curricula approved prior to June 1, 2009 are required to submit an updated version of the curriculum utilizing the domains and tasks established by the 2009 Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines. The deadline for submitting revised curriculum to BHRP is October 1, 2009. Previously approved curricula will maintain certification approval for use until the Curriculum Review Committee has reviewed and certified the revised curriculum. Once approved, the new curriculum will be certified for four years. Future re-certification requirements will

be based on the Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines utilized at that time. Curricula to be re-certified should be submitted to BHRP three months prior to the four year anniversary of the certification. This timeframe will help to avoid training curricula lapses in certification.

Curriculum Currently Under Evaluation by the Review Committee

Training curriculum submitted to BHRP prior to June 1, 2009 will be evaluated using the current Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines. Note that this certification will be effective for only one year. Curricula providers will be required to submit their curricula for approval using the 2009 Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines three months prior to their certification anniversary. All re-certified curricula will be approved for four years.

Curricula Submitted after June 01, 2009

Any curriculum submitted after June 1, 2009 will use the 2009 Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines. Approved curricula will be certified for four years. Re-certification will require submission of a curriculum reflecting the domains and tasks listed in the Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines. This curriculum will be submitted to BHRP three months prior to the four year anniversary of the certification.

Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines Review

The Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines will be reviewed bi-annually. Revisions will reflect any changes to the tasks, knowledge and skills in the Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines. These changes will be communicated to the field in a timely manner, to ensure that curricula needing to be re-certified reflect these changes and avoid any lapse in training opportunities.

The 2009 Peer Support Specialist Training Curriculum Submission and Evaluation Guidelines and information pertaining to the Peer Support Specialist Certification Process are attached and can be found at <http://bhrp.sowu.unc.edu/index.php?q=node/122>.

Clarification of the Certified Peer Support Specialist and Statute NCGS 90-113

The Certified Peer Support Specialist position included in the service definitions for Assertive Community Treatment Teams, Community Support Team and Social Setting Detoxification *is not the same* as the Registered Substance Abuse Paraprofessional or the Certified Substance Abuse Counselor referenced in statute NCGS 90-113. The requirements and services provided are different among these positions.

The Certified Peer Support Specialist position included in Assertive Community Treatment Teams, Community Support Team and Social Setting Detoxification is or has been a recipient of mental health or substance abuse services. This person's life experience with mental illness/substance abuse and mental health/substance abuse services provides expertise that professional training cannot replicate. The Certified Peer Support Specialist is a fully integrated team member who provides highly individualized services in the community and promotes individual self-determination and decision-making. The Certified Peer Support Specialist also provides essential expertise and consultation to the entire team to promote a culture in which each individual's point of view and preferences are recognized, understood, respected and integrated into treatment, rehabilitation, and community self-help activities. *The Certified Peer Support Specialist does not provide treatment.*

Registered Substance Abuse Paraprofessionals or Certified Substance Abuse Counselors referenced in statute NCGS 90-113 are eligible to provide substance abuse treatment as described in a variety of service definitions once they are registered with the NC Substance Abuse Professional Practice Board and are employed.

CAP MR/DD Update: Oral Nutritional Supplements

This provides clarification regarding Local Management Entity (LME) billing for oral nutritional supplements. In the past, these products were billed under the Miscellaneous Supplies and Equipment code of T1999. This code is to be used ONLY for those items for which there is no established Medicaid billing code or for items specified in the service definition that relate to the MR/DD population and are not available to the Medicaid population in general, nor on any established fee schedule.

The Division of Medical Assistance (DMA) is working with our payment vendor, EDS, to be sure the list of B codes is updated in the payment system to allow provider type and specialty of 082/104 (LMEs) to bill these codes directly utilizing the BO modifier.

These codes are: B4150 BO, B4152 BO, B4155 BO, B4153 BO, B4154 BO, B4157 BO, B4158 BO, B4159 BO, B4160 BO, B4161 BO, and B4162 BO. LMEs may also bill B4035 ## which is for flexible feeding bags; all other B codes are for high calorie value enteral formulas.

Targeted case managers should identify on the individual's person centered plan each supplement and place the appropriate code and fee on the cost summary. Prior approval is not required for payment; however an order is required from a physician, physician's assistant, or nurse practitioner.

The utilization review vendor will no longer authorize Nutritional Supplements under the T1999 code. These changes are effective immediately.

New Email and Mail Address for Notification of Endorsement Action (NEA) Withdrawals

This article is to clarify the article published in Implementation Update #56. The endorsing agency must submit the Notification of Endorsement Action (NEA) withdrawing a provider's endorsement to Computer Sciences Corporation (CSC) via certified mail to: N.C. Medicaid Provider Enrollment, CSC, 2610 Wycliff Road, Suite 102, Raleigh, NC 27607 or electronically to endorsement.dma@lists.ncmail.net.

The endorsing agency shall continue to copy the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services at: endorsements.accountability@ncmail.net.

Community Support Team: Increasing Request Volume and Utilization Review Modifications

The volume of Community Support Team (CST) requested and approved has tripled over the past year. Much of this trend (also seen with Intensive In-Home and Day Treatment) is a result of the more appropriate use of CST in lieu of Community Support, and thus is a favorable indicator.

Unfortunately, one in five requests for CST since February 2009 do not meet medical necessity, a frequency that has risen dramatically from one year ago. Provision of a complete, clear and consumer-specific request is the surest avenue to receive approval of a service request. Providers are reminded:

- Providers should clearly identify consumer-specific behaviors that are consistent with the medical necessity criteria for the service being requested. Stating the criteria alone is not sufficient. Providing clear examples of current behaviors and conditions is essential. Examples for CST include recent eviction from housing, non-response to medications, active substance use, current legal issues, active safety issues such as threats to self or others, or functional impairments in the community, to name a few. Providers should review the entrance criteria before completing the ITR to ensure that key elements are addressed.
- Providers should clearly identify specifics related to any incidents within the last 12 months for psychiatric hospitalizations and emergent/crisis interventions.
- Reductions or denials for continued stay often result from insufficient updates to the Person Center Plan (PCP) goals. Often PCP updates are copies of previous updates with no change in goals, or, when updated, the goals are either not specific or they do not indicate improvements or regressions.
- Remember that there is no requirement that a consumer receive CST prior to receiving Assertive Community Treatment Team or any other service.
- Providers are urged to review the documents prior to submission to ValueOptions to ensure all key pieces of information are being provided.

Fax Confirmations Update

Providers are encouraged to set up fax machines to receive a fax confirmation from ValueOptions. Implementation Update #51 in Dec 2008 stated: "Fax confirmation sheets are required as proof of a previous fax submission. Providers can receive a fax confirmation sheet from the ValueOptions fax server once they set up the caller/sender identification (CS ID) on their fax machine. Consult the fax machine's user guide or scroll through the machine's menu to set up the CS ID."

Recent results show that currently 30% of faxes continue to be received by ValueOptions without a CS ID. Further, 7% of fax confirmations attempted by ValueOptions are not successful due to an invalid phone number format entered into the provider's fax machine or the provider's fax machine repeatedly ringing busy or not answered. That said, over 7,000 fax confirmations are transmitted successfully each week. Providers are encouraged to set up fax machines with valid phone number formats to receive the ValueOptions fax confirmation.

Outpatient Providers: Updated Outpatient Prior Authorization Form (ORF2)

This is a reminder of current outpatient prior authorization and billing guidelines for outpatient behavioral health services. To assist providers in requesting prior authorization, ValueOptions has revised the current Outpatient Review Form (ORF2). Please see the ValueOptions website:

http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm for the revised form.

Effective July 1, 2009, providers must use the revised ORF2 for prior authorization requests. Providers should pay special attention to these two fields on the revised form:

- Attending Provider Name/Medicaid #
- Billing Provider Name/Medicaid #

Both fields must be filled in. Prior authorizations will be created for the Billing Provider/Medicaid #. Providers must enter the Billing Medicaid Provider # associated with the Billing National Provider Identifier (NPI) with which they will submit their claims (do not submit NPI on the ORF2).

Prior authorization requests for group providers will cover all providers under that Billing Medicaid Provider #. Do not submit a new request for a provider that fills in should the primary provider be absent

After September 1, 2009, ValueOptions will return any request as "Unable to Process" if it is submitted on the old ORF2 form or if the two fields noted above are not completed.

Medicaid Management Information System (MMIS) Diagnosis Code Update

In Implementation Update #48 issued in September 2008, providers were advised of the Medicaid Management Information System (MMIS) upgrade for Adult Enhanced Services, specifically the transition to DSM-IV-TR Diagnostic Coding. Subsequent to this original announcement, many providers have had difficulty in managing this transition. In an effort to further clarify, the following information is offered:

- DSM-IV-TR was nationally accepted and implemented in 2007. The revised text consolidated many previously used codes and streamlined the specificity required in diagnosing. There are numerous crosswalks available online to assist in the transition to the updated coding system. Further resources may also be found from organizations such as the American Psychological Association (APA), licensing boards, and coding associations.
- MMIS is using the DSM-IV-TR for both authorization and payment processes for adult services only. Child and shared procedure codes (both adult and child) may still bill under ICD and DSM categories.
- The format in which a diagnosis code can be submitted in the NC Electronic Claim Submission (NCECS) Web Tool screen is restricted in comparison to a manual claim submission. The NCECSWeb Tool allows up to five characters to be entered in a diagnosis field. Examples of appropriate billing entry into NCECS follow:
 - Diagnosis code 295.90 should be entered into the NCECSWeb Tool as 29590.
 - Diagnosis code 292.9 should be entered into the NCECSWeb Tool as 2929.
 - Diagnosis code 311 should be entered into the NCECSWeb Tool as 311.
- Community Support providers have been concerned that denied claims will affect the computation of qualified professional (QP) time. As noted in Implementation Update #56, the computation of QP time is based upon claims billed per month.

Please refer to the July 2007 Special Bulletin, *NCECSWeb Instruction Guide*, on DMA's website at <http://www.ncdhhs.gov/dma/bulletin/index.htm> for information on using the NCECSWeb Tool.

Unless noted otherwise, please email any questions related to this Implementation Update to ContactDMH@ncmail.net.

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